Police Officer's and Firefighter's Survivor Tuition Program RENEWAL APPLICATION FOR TUITION WAIVER

2007-2008 School Year

Michigan Commission on Law Enforcement Standards

Before you complete this application, read the program requirements and instructions carefully. Follow the instructions for each section as you complete the form. Type or print all information.

Section A: Student Information								
					_			
	Last	Fir	st			Initial		
1. What is your name?								
	Street Address							
2. What is your permanent mailing address?								
	City		Sta	ate	Zip			
3. What is your social security number?		Social Security #						
4. What is your permanent home phone number?		Phone Number ()						
5. What is your email address?		Email Address						
6. Have you been a legal resident of Michigan to consecutive months?	☐ Yes ☐ No							
Section B: Student Status								
7. Were you born before January 1, 1984?					'es	☐ No		
8. Are you a veteran of the U.S. Armed Forces?					⁄es	☐ No		
9. Are you married?					⁄es	☐ No		
10. Are you an orphan or a ward of the court, or were you a ward of the court until age 18?					⁄es	☐ No		
11. Do you have legal dependents? (See instructions.)					'es	☐ No		

Section C: Education Information						
12. Which school(s) do you plan to attend this ac	cademic yea	r?				
College/University		Address (City and State)				
13. Which degree/certificate program have you	selected?					
14. Have you received a bachelor's degree?				☐ Yes	□ No	0
Section D: Household Information						
If you answered "No" to <u>all</u> of the questions in Sec parent who provides for your support; otherwise, s					nation al	bout the
	Last		First			Initial
15. Who is your parent?						
	Street Add	dress				
16. What is your parent's permanent address?						
	City			State	Zip	
47 M(to the control of the control o	-0			Social Sec	urity #	
17. What is your parent's social security number	· •			Dhone Nun	abar	
18. What is your parent's permanent home phone number?				Phone Number ()		
19. Has your parent been a legal resident of Michigan for the past 12 consecutive months?			☐ Yes ☐ No			
Note: Follow the instructions carefully for que and attach an explanation of any change in yo			lete the	e Househole	d Works	sheet
20. How many people were members of your ho	ousehold in 2	2006?				
21. How much income did you receive from dea	th benefits o	during 2006?				

Section F: Releases

I certify that all of the information provided by me or any other person identified on this form is true and complete. I understand that this application is being filed jointly by all signatories. If asked by an authorized official, I agree to give proof of the information that I have given on this form, including verification of income reported to the U.S. Internal Revenue Service. I also realize that if I do not provide proof when asked or misrepresent information on this form, the student shall be denied benefits. I understand that benefits received under this program may be reportable to the U.S. Internal Revenue Service.

I hereby authorize any individual, agency, or organization to furnish the Michigan Commission on Law Enforcement Standards, its representatives and/or agents any and all information pertaining to my college attendance records, grades, progress reports, and financial aid information. I hereby authorize any individual, agency, or organization to release such information upon request. This authorization is executed with the full knowledge and understanding that the information is for official use by the Michigan Commission on Law Enforcement Standards pursuant to the authority granted under P.A. 195 of 1996.

Further, I hereby authorize the Michigan Commission on Law Enforcement Standards to release any and all records collected pursuant to this authorization to any individual, agency, or organization for the legitimate purposes of fulfilling the statutory and administrative objectives of P.A. 195 of 1996.

I hereby release any individual, agency, or organization, including its officers, employees, and related personnel, both individually and collectively, from any and all damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization of release of information, or any attempt to comply with it. This authorization shall continue in effect until revoked by me in writing. A photostatic copy of this authorization shall have the same force as the original.

Everyone whose information is given on this form **must** sign below.

Student	Date
Student's Spouse	Date
Father/Stepfather	Date
Mother/Stepmother	Date
Legal Guardian	Date

Section G: Attachments

- ☐ Household Worksheet. Be sure to complete both sections of the Household Worksheet.
- ▶ Copies of the following documents are required as supporting documentation for this Application for Tuition Waiver. These documents must remain a permanent part of the application, so please do not send originals. Your application will not be processed without these required documents.
- □ Income Tax Return. If you answered "No" to <u>all</u> the questions in Section B, include <u>signed</u> copies of <u>both your own and your parent's or guardian's</u> 2006 Federal Income Tax Returns (1040, 1040A, or 1040EZ). If you answered "Yes" to <u>any</u> of the questions in Section B, include a <u>signed</u> copy of <u>your</u> 2006 Federal Income Tax Return (1040, 1040A, or 1040EZ). If your filing status, or that of your parent or guardian, is "married, filing separately", provide <u>signed</u> copies of both federal tax returns. Your application will not be processed unless the tax return(s) are signed.

Section H: Submission

Carefully review your application before submission. Be sure that all information has been provided, the application and tax return(s) have been signed, and the appropriate enclosures have been attached. Keep a copy of this application for your files and submit the original application to:

Survivor Tuition Waiver Program Michigan Commission on Law Enforcement Standards 7426 North Canal Road Lansing, MI 48913

Police Officer's and Firefighter's Survivor Tuition Program

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HOUSEHOLD WORKSHEET

Household Members. List household members by name and relationship to the student. **List everyone included in the number entered for question 20.**

	First Name	Last Name	Relationship to Student
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Death Benefits. Identify all income from death benefits received during 2006 as a result of the police officer's or firefighter's death. Include benefits such as life insurance or scholarships and any interest earnings on these benefits.

Description of Death Benefit	Amount Received in 2006
	\$
Total Death Benefits Received in 2006	\$